

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/627,941
Application Date	07/25/2003
First Named Inventor	Michael Hendricksen
Art Unit	3772
Examiner Name	
Attorney Docket Number	81749-770346 (formerly 017534-005301US)

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number: **96352**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client requests transfer of matter to firm listed below.

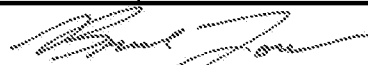
**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

- ☒ The address associated with Customer Number:

**20995**

**OR**

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Email:		Phone:	
Signature			
Name	Brad J. Loos	Registration No.	51,968
Date	May 2, 2011	Telephone No.	650-326-2400

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.